

INDIANA DEPARTMENT OF COMMERCE

VENTURE CAPITAL INVESTMENT TAX CREDIT

QUALIFIED CAPITAL INVESTMENT APPLICATION

I. INVESTOR/ APPLICANT INFORMATION

1) Company Investor

Company Name: _____
Federal I.D. Number: _____
Street Address: _____ County: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: (_____) _____ Fax: (_____) _____
Internet Address: _____
Company's Senior Officer: _____ Title: _____
Contact Person: _____ Title: _____
Phone: (_____) _____ Fax: (_____) _____

2) Individual Investor

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Email: _____
Phone: (_____) _____ Fax: (_____) _____
Social Security Number: _____

3) Are you employed by the Qualified Indiana Business list in Section II below? _____
Do you file a joint tax return with any other investors in the Qualified Indiana Business in Section II below? _____? If yes, please describe joint filers and supply most current tax return.

4) Have you or any related entities (i.e. investment partnership, LLC or other entity in which you have an interest) made any prior investments in the Qualified Indiana Business listed in Section II below? _____?
If yes, on what date was that prior investment made? _____? What was your tax basis in that investment? _____?

II. Qualified Indiana Business

1) Name and address of the Qualified Indiana Business that will receive the proposed Qualified Investment Capital:

Name: _____
Street Address: _____
City: _____ State: _____

2) Date of the letter from the Indiana Department of Commerce to the Qualified Indiana Business that certified the business as a Qualified Indiana Business for purpose of the Venture Capital Investment Tax Credit Statute, IC 6-3.1-24: _____

III. Qualified Investment Capital Information:

1) Will the proposed investment be in the form of: Debt: Yes _____ No _____
Equity: Yes _____ No _____

2) What is the form of the security to be purchased with the proposed investment?

3) Provide a detailed description of the proposed investment plan: (Attach additional pages if necessary):

4) What is the amount of the proposed investment \$ _____?

5) Provide the anticipated dates in which the proposed qualified investments shall be made: **(Note: No investments made prior to IDOC Certification will be eligible for the VCI Tax Credit. Qualified Investments must occur within two years after the date that the Department of Commerce certifies the Investment Plan's eligibility for the Indiana VCI Tax Credit):**

After making your investment to the company, we will need the following information to process your certification. Please provide a copy of the stock purchase agreement, loan agreement, check and any other specific proof of the investment executed by both investor and the company.

Please note that all applications take between 4 to 6 weeks to process.

INVESTOR CERTIFICATION AND VERIFICATION:

I affirm, under the penalties for perjury, that the information contained herein is true and accurate to the best of my knowledge and belief.

INVESTOR AUTHORIZATION:

APPLICANT/ INVESTOR

SIGNED BY: _____

PRINTED: _____

TITLE: _____

